

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS146S	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/14/2010
NAME OF PROVIDER OR SUPPLIER ST JOSEPH TRANSITIONAL REHABILITATION CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE 2035 W. CHARLESTON BLVD. LAS VEGAS, NV 89102		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	<p>Initial Comments</p> <p>Surveyor: 27286</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on January 14, 2010, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing.</p> <p>Complaint #NV00020988 was substantiated in part with no deficiencies cited. Complaint #NV00023344 was unsubstantiated. Complaint #NV00023997 was substantiated with deficiencies cited. (See Tag Z242)</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	Z 000		
Z242 SS=D	<p>NAC 449.74471 Administration of Drugs</p> <p>3. A facility for skilled nursing shall ensure that patients are not subjected to significant errors in their medication and that the rate of error in the administration of medication is less than 5 percent.</p>	Z242		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Z242	Continued From page 1 This Regulation is not met as evidenced by: Surveyor: 27286 Based on record review and interview the facility failed to ensure a resident received the correct medication in the evening of 12/18/09. (Resident #4) Severity: 2 Scope: 1	Z242			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.